

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **4/1/15 12:00 pm**

**HS OF PORT JERVIS-DEER PK INC
 202 RTE 209
 PORT JERVIS NY 12771**

Inspector #: **67**

Inspector #: **18**

These are the findings of an inspection of your facility on the date(s) indicated above:

- | | |
|---|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly | Yes |
| 3. Repairs are done when necessary | Yes |
| <i>In process of resealing many of the kennel floors.</i> | |
| 4. Dogs are handled safely | Yes |
| 5. Adequate space is available for all dogs | Yes |
| 6. Light is sufficient for observation | Yes |
| 7. Ventilation is adequate | Yes |
| 8. Drainage is adequate | Yes |
| 9. Temperature extremes are avoided | Yes |
| 10. Clean food and water is available and in ample amount | Yes |
| 11. Veterinary care is provided when necessary | Yes |
| <i>Dr. Dubensky of Milford PA and Dr. Johnson of Middletown NY.</i> | |
| 12. Dogs are euthanized humanely, by authorized personnel | Yes |
| 13. Complete intake and disposition records are maintained for all seized dogs | Yes |
| 14. Dogs transferred for purposes of adoption in compliance with Article 7 | Yes |
| 15. Redemption period is observed before adoption, euthanasia or transfer | Yes |
| 16. Owners of identified dogs are properly notified | Yes |
| 17. Redeemed dogs are licensed before release | Yes |
| 18. Proper impoundment fees paid before dogs are released | Yes |
| 19. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

<u>TCV CODE</u>	<u>TCV NAME</u>
4808	Town of Highland
4810	Town of Lumberland
3319	Town of Wawayanda
3321	City of Middletown
3323	City of Port Jervis
3307	Town of Greenville

REMARKS:

Shelter has made great improvements in the last few months. Shelter dogs seem less stressed as shelter is not at full capacity at the time of inspection.

REPRESENTATIVE PRESENT FOR INSPECTION: **Eleana Decker**
TITLE: **office manager**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **04/01/2015**